Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	2-11-2014	Address:	Hasty St and Williams St.
Incident #:	14ISPC001317		Huntington, IN
County :	Huntington		46750
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
 ✓ Operational Lab ✓ Chemical/Glassware/Equipment (only) ✓ Dumpsite (only) 		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other: Backpack
(check all that	l: Location (bedroom, kitchen, open air, of apply) or Birch Reaction(s): <u>Yard</u>	etc)	
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s): Yard			
☐ Flammable Solvents: <u>Backpack</u>			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid: Backpack			
Corrosive Base: Backpack			
Other (item and location): Ammonia Nitrate/Backpack			
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
☐ Yes ☑ No	age 18 discovered (check appropriate) (number present) not present but evidence they reside	unclean Estimated ler occurring:	tions of home: clean disarray ngth of time manufacturing had been formation:
This report	has been faxed* or emailed to the fo	llowing agencies tha	at serve the location:
Fire Department City, Township or County <u>Huntington</u> Fax: <u>Emailed</u> Health Department County: <u>Huntington</u> Fax: <u>Emailed</u> Department of Child Services Hotline: <u>dcshotlinereports@dcs.in.gov</u> Fax: 317-234-7595 or 317-234-7596			
	ormation regarding this methamphetan Officer: S/Trp. Tim Myers Phone	nine laboratory, cont e <u>260-432-8661</u>	act
*This form is to b	be faxed to the Fire Department, Health Department	tment and/or Department	t of Child Services listed within 24 hours of

scene processing.

MSS 04-18-2013